

Sector No. \_\_\_\_\_

Reference No. \_\_\_\_\_

## Survey and Alignment Work Request

### Requester Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

CAT: \_\_\_\_\_

Cost Code: \_\_\_\_\_

Date Required: \_\_\_\_\_ Estimate Required: \_\_\_\_\_

Job Description: \_\_\_\_\_

(component, \_\_\_\_\_

description, \_\_\_\_\_

remarks, etc.) \_\_\_\_\_

☐ Critical Components ☐ Drawings Attached ☐ Alignment Traveler Attached

☐ Alignment Fiducials Required ☐ Survey and Alignment Required (complete appropriate)

☐ Configuration Control Required

Destination (sector, ID or BM beamline, station no., etc.) : \_\_\_\_\_

Requester: \_\_\_\_\_ Date: \_\_\_\_\_

Floor Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

### Alignment Fiducials

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Alignment Coordinator Signature: \_\_\_\_\_

Total Man Hours: \_\_\_\_\_ Traveler No.: \_\_\_\_\_

### Survey and Alignment

Total Man Hours: \_\_\_\_\_

Start Date: \_\_\_\_\_ Tag & Completion Date: \_\_\_\_\_

Total Man Hours: \_\_\_\_\_ Traveler No.: \_\_\_\_\_

### Approval to Proceed

Requester Approval to Proceed: \_\_\_\_\_ Date: \_\_\_\_\_

Floor Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

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*sections below)*

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